STATE OF GEORG ! A

Application for RECORDS DISPOSITION STANDARD

						
1 . Application Date	INSTRUCTIONS: See separate instructions for completion of	FOR RECORDS MANAGEMENT DIVISION USE				
October 29, 1974	front and reverse of this form. Sign original and two copies	Date Received Application No. Date Completed				
2 Agency Application Ro.	and forward to Department of Archives and Ristory, Attention:	NOV 15 1974 74-386 NOV 21 127				
1 5 5	Recorde Management Officer.	NOV 1 5 1974 14-386 NOV 21 12:				
3 AGERCY, Division, Subdivision & A	dwinistering Office Address	Person to Contact				
Georgia Department	of Agriculture	D.~				
Fuel and Measures D		Olin Mullinax				
19 Hunter Street, S	5. W.	5 Working Title 6 Tel. No.				
Atlanta, Georgia	30334	firector 656-3605				
7.ACTION REQUESTED	TO AMEND DISPOSITION STANDARD 464,	dated 12/28/72				
ESTABLISH DIS		OSE OF PRESENT ACCUMULATION;				
		JRTHER ACCUMULATION ANTICIPATED				
	ONTINGE TO ROOCHOERIE. NO I					
8. Earliest & Latest	9. Exact Series Title					
Dates of Series 1970 to Date						
	RAILROAD SCALE TEST REPORTS FILES					
10. What is the function	of the office in which this record s	eries is created?				
	varade an winter outp iccold 5	orange.				
mba Deal and Manage						
	tes Division is responsible for supervi					
	n Georgia, and for assuring that weigh					
devices are accurat	·· -					
units; one for ass	suring that fuels meet certain specific	cations and the other				
	ing subject to being weighed and/or me	easured is che cked				
accurately.						
	•					
	the following documents (include form	numbers and titles, if any,				
and file arrangement	t).					
Doguments moletics	Lo Magline Dellaced Cod - Cod - Cod	m=1				
Documents relating	to Testing Railroad Scales for Weight	Toterance.				
Tuoludod P	odinasi Carla Mast North North					
	Railroad Scale Test Reports - Form NBS-	-202				
C	Correspondence	•				
77.7	which is a shift of the second					
Files are arranged	alphabetically by Railroad.					
	ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED	No. of Drawers Cu. Ft. of Records	Bo. of Drawers Cu. Ft. of Records				

12. водитемент оссирава	No. of Drawers	Cu. Pt. of Records	<u> </u>	To. 'ôf	Drawers	Cu. Ft. o	f Records
Letter-wise File Drawers	1/2	1	ASSUAL RATE OF ACCUMULATION ?			·	
Legal-size File Dravers	·	19.3	Floor Space Occupied (Square Feet)	In Off	ice(s)	In Store	e Ares(s)
				×			
				This Year 's	Last Year's	Preceding Year's	
*			AVERAGE DATLY REFERENCES	1			

QUESTIONNAIRE Place an "z" in the proper column. If answer is "YES," please explain	YES NO				
13. Is this the Record Copy of the series?					
14. Is there a duplication of this series in another office or agency?	[] [x]				
15. Is the information contained in this series ever summarized or published? Attach copy of summary or publication.	[] [x]				
16. Does the series contain classified information requiring security handling?	[] [x]				
17. Does the series initiate, amend or terminate agency policies and procedures?	[] [x]				
18. Could the function be performed if the files were lost or destroyed?	[] [xx]				
19. Is the series (or major portion of it) regularly microfilmed? If yes, why?	[] [x]				
20. Does the record series provide data as input to an EDP file?					
21. Does the record series contain documentation produced as EDP printout?	[] [x]				
22. Has the Federal Government issued instructions governing the retention/disposition of these files?	[] [x]				
23. Will there be a need for these records 10, 15 years from now? If yes, what?	[] [x]				
LAW LIMITATION PERIOD LAW DECISION VAL (Cite Law, Statute, or other reason for the retention requirement) 25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off a	t the end				
of each -	,then:				
<pre>[X] Hold in the current files areamonth(s)/_2 year(s): [] Transfer to [] State Records Center [] Local Holding Area; holdyear [X] Destroy. [] Transfer to State Archives for permanent retention.</pre>	·(s):				
Destroy immediately after cut-off. [] Other: (Specify)					
[] Concl. (opecity)	_				
•					
·					
(Indicate briefly rationale for recommendations above/or write additional rema	rks):				
ecords Management Officer (Signature) Date OTHER REQUIRED SIGNATURES	DATE				
in paragraph 25 Approved [] Disapproved [] Disapproved	11/4/74				
are: State Auditor/Designee [] Approved [] Disapproved	11-21-74				
STATE RECORDS Secretary of State/Designee COMMITTEE Approved Disapproved Curel First	11+18-74				
Attorney General/Designee	11-21-24				